



U.S. Department of Justice

Office of the United States Trustee

Region 2/Southern District of New York

33 Whitehall Street, Suite 2100
New York, NY 10004

Phone: 212-510-0500
Fax: 212-668-2255

March 9, 2007

To the largest unsecured creditors of:

***OUR LADY OF MERCY MEDICAL CENTER, INC., Bankruptcy Case No. 07-10609 (REG), and
O.L.M. PARKING CORPORATION, Case No. 07-10610 (REG) (jointly administered)***

You have been listed as a creditor in Our Lady of Mercy Medical Center's bankruptcy case. Please be advised that the Office of the United States Trustee for Region 2 (the "United States Trustee") will hold an organizational meeting for unsecured creditors in the above-referenced bankruptcy case on **Friday, March 16, 2007 at 11:00 a.m. (New York Time)** at the following location:

**The Education Center at
Our Lady of Mercy Medical Center
600 East 233rd Street
Bronx, NY 10466**

The sole purpose of the meeting is to form an official committee or committees of unsecured creditors in this case. Although this is not a meeting of creditors held under section 341 of the Bankruptcy Code, a representative of the Debtors will attend to provide information regarding the status of the cases. If you do not wish to serve on an official creditors committee, your presence at the meeting is not required.

If you wish to be considered for membership on any committee that is appointed, please complete the "Creditors' Committee Acceptance Form", which must be received by the Office of the United States Trustee no later than 12:00 noon, (New York Time), on Thursday, March, 15, 2007.¹

Very truly yours,
DIANA G. ADAMS,
ACTING UNITED STATES TRUSTEE

/s/ Andrew D. Velez-Rivera
Trial Attorney

Enclosure (acceptance form)

¹ The United States Trustee reserves the right to take appropriate action, including removing a creditor from any committee, if the information provided in the Creditors' Committee Acceptance Form is inaccurate, or for any other reason the United States Trustee believes is proper in the exercise of her discretion.

**OFFICE OF THE UNITED STATES TRUSTEE
FOR THE SOUTHERN DISTRICT OF NEW YORK
33 Whitehall Street, 21st Floor
New York, New York 10004
Tel. No. (212) 510-0500
Fax No. (212) 668-2255**

CREDITORS' COMMITTEE ACCEPTANCE FORM

**OUR LADY OF MERCY MEDICAL CENTER, INC.,
Bankruptcy Case No. 07-10609 (REG), and
O.L.M. PARKING CORPORATION, Case No. 07-10610 (REG) (jointly administered)**

PLEASE TYPE OR PRINT NEATLY AND CLEARLY. You may also attach a written statement explaining any of your responses below.

The undersigned creditor is willing to serve on the Committee of Unsecured Creditors of the Debtor:
_____ YES _____ NO

A. UNSECURED CREDITOR'S NAME, MAIL ADDRESS, TELEPHONE AND FAX NUMBERS, and REPRESENTATIVE'S E-MAIL:

Name: _____	Phone: _____
Address: _____	Fax: _____
_____	E-Mail: _____

B. NAME OF COUNSEL (if any) FOR CREDITOR, MAIL ADDRESS, TELEPHONE AND FAX NUMBERS, and E-MAIL:

Name: _____	Phone: _____
Address: _____	Fax: _____
_____	E-Mail: _____

C. (1) DO YOU HAVE AN UNSECURED CLAIM AGAINST THE DEBTORS?
_____ YES. _____ NO.

(2) WHICH DEBTOR? _____ Our Lady of Mercy Medical Center, Inc.
_____ O.L.M. Parking Corporation

D. AMOUNT OF UNSECURED CLAIM (\$): \$ _____.

(Continues on Next Page)

E. DESCRIBE THE NATURE OF YOUR UNSECURED CLAIM. (Please check one of the following, or attach a written description.)

_____ GOODS PROVIDED (Please check one or more of the following, if appropriate.)

_____ Medical supplies

_____ Pharmacy supplies

_____ Medical equipment

_____ Other goods (Describe the goods: _____)

_____ SERVICES PROVIDED (Please describe briefly the type of services provided.)

_____ LITIGATION AGAINST THE DEBTORS (Please describe briefly the type of litigation claim, the number of the case and jurisdiction (if applicable), and the status of the litigation. If you have a malpractice claim, please also state the type of injury.)

_____ OTHER. (Please describe.)

F. TO DATE, HAVE YOU OR YOUR ATTORNEY ENTERED INTO A SETTLEMENT AGREEMENT WITH THE BANKRUPTCY DEBTORS REGARDING RESOLUTION OF YOUR CLAIM? ____ YES. ____ NO.

G. DO YOU HOLD A CLAIM ARISING OUT OF YOUR ROLE AS AN OFFICER OR DIRECTOR OF THE DEBTORS? ____ YES. ____ NO. IF YOUR ANSWER IS YES, PLEASE INDICATE THE POSITION: _____

H. ARE YOU AN OFFICER OR DIRECTOR OF THE DEBTORS, A PERSON IN CONTROL OF THE DEBTORS, OR RELATED TO AN OFFICER, DIRECTOR OR PERSON IN CONTROL? ____ YES. ____ NO. IF YOUR ANSWER IS YES, PLEASE DESCRIBE THE RELATIONSHIP:

I. ARE YOU THE HOLDER OF A SECURED CLAIM (EVEN IF PARTLY SECURED) AGAINST THE DEBTORS? ____ YES. ____ NO. IF YES, STATE THE AMOUNT OF YOUR SECURED CLAIM.

(Continues on Next Page)

- J. ARE YOU OR AN ENTITY WITH WHICH YOU ARE AFFILIATED A SHARE- HOLDER OF THE DEBTORS, OR RELATED TO A SHAREHOLDER OF THE DEBTORS? ____ YES. ____ NO. IF YES, STATE THE NUMBER OF SHARES?
- _____

- K. IF YOU ARE REPRESENTED BY COUNSEL, DOES YOUR ATTORNEY REPRESENT ANY OTHER PARTIES IN THESE BANKRUPTCY CASES?

Please check one of the following: ____ YES. ____ NO. ____ I DO NOT KNOW.

- L. PLEASE INDICATE WHETHER YOU HAVE GIVEN A PROXY TO YOUR ATTORNEY IN CONNECTION WITH YOUR CLAIM. ____ YES. ____ NO.

(If you have given a proxy to your attorney, please provide a photocopy of the proxy to the United States Trustee along with this creditor committee acceptance form on or before the organizational meeting.)

SIGNATURE: _____

NAME (in print): _____

TITLE: (in print): _____

DATE: _____

- KINDLY ANSWER ALL QUESTIONS SO THAT THIS FORM CAN BE PROCESSED PROPERLY WITHOUT DELAY. YOU MAY ATTACH A WRITTEN STATEMENT EXPLAINING ANY OF YOUR RESPONSES ABOVE.
- **PLEASE RETURN TO THE UNITED STATES TRUSTEE BY FAX
ATTN: ANDREW D. VELEZ -RIVERA, TRIAL ATTORNEY, BY 12:00 P.M. (NOON, NEW YORK TIME) ON THURSDAY, MARCH 15, 2007.**
- THIS IS NOT A PROOF OF CLAIM FORM. PROOFS OF CLAIM ARE FILED WITH THE CLERK OF THE BANKRUPTCY COURT, NOT WITH THE UNITED STATES TRUSTEE.